REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____	2 Serial/Patent # _08/072 206_

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing	#3	7-26-93	$ 1080
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 1080

8 TO BE REFUNDED BY:

	Treasury Check
X	Credit Deposit A/C #:

9 | 1 | 8 | -- | 0 | 9 | 8 | 8 |

10 REASON:

X	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Anthony Lover   TITLE: Examiner

SIGNATURE: Anthony Lover   PHONE: 308-1202

OFFICE: Applications Division

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Audrey Swepson   DATE: 9/7/93

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: